

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Black</i>		03-29-01
O.I.P.E. CLASSIFIER		<i>12</i>	<i>4/15</i>
FORMALITY REVIEW	<i>FR</i>	<i>1018</i>	<i>01/01/01</i>
RESPONSE FORMALITY REVIEW	<i>M. D</i>	<i>635</i>	<i>11-30-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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